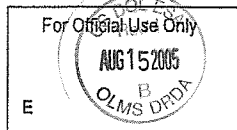


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6-5327</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jerry L Kalmar</u> P.O. Box, Bldg., Room No., if any Street <u>337 Valencia Street</u> City <u>San Francisco</u> State <u>California</u> ZIP Code + 4 <u>94103</u>	4. Name, file number, and address of labor organization. Name <u>Stationary Engineers, Local 39</u> Labor Organization File Number <u>039-532</u> P.O. Box, Building and Room Number, if any Street <u>337 Valencia Street</u> City <u>San Francisco</u> State <u>California</u> ZIP Code + 4 <u>94103</u>
5. Position in labor organization. <u>Business Manager and Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 8-12-05 (415) 861-1135  
Date Telephone Number

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Name of Person Filing <b>Jerry L Kalmar</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>The General Pension Plan</b></p> <p>Trade Name, if any: <b>International Union of Op Eng.</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1125 17th Street N.W.</b></p> <p>City <b>Washington</b></p> <p>State <b>D.C.</b> ZIP Code + 4 <b>20036</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>The General Pension Plan (GPP) covers the officers/staff of IUOE Local Unions and receives contributions (\$10.7 million in 2004) from such Locals; the GPP pays rent to the IUOE and reimburses certain</b></p> <p>11.b. Approximate dollar value of such dealing. \$ <b>11 million</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Attending Board Meetings:</b></p> <table style="width: 100%;"> <tr> <td style="width: 80%;">Airfare, Hotel, Etc. (1/14 &amp; 15, 2004)</td> <td style="width: 20%; text-align: right;">\$1,157.15</td> </tr> <tr> <td>Airfare, Hotel, Etc. (8/17/2004)</td> <td style="text-align: right;">\$ 998.40</td> </tr> </table> <p>12.b. Amount. <b>\$2,155.55</b></p>	Airfare, Hotel, Etc. (1/14 & 15, 2004)	\$1,157.15	Airfare, Hotel, Etc. (8/17/2004)	\$ 998.40
Airfare, Hotel, Etc. (1/14 & 15, 2004)	\$1,157.15				
Airfare, Hotel, Etc. (8/17/2004)	\$ 998.40				

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Page 2 - The General Pension Plan 11a. continued - Jerry L Kalmar

administrative expenses including salaries, fringe benefits, postage and phone (total of rent and all reimbursements for 2004 was approximately \$11 million.

Name of Person Filing **Jerry L Kalmar**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ATPA**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1640 South Loop Road**

City **Alameda**

State **California**

ZIP Code + 4 **94502**

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **IUOE Stationary Engineers,  
Local 39 Pension Plan**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1640 South Loop Road**

City **Alameda**

State **California**

ZIP Code + 4 **94502**

11.a. Nature of such dealing.

**Trust Fund Administrator**

11.b. Approximate dollar value of such dealing.

**\$1,013,070.00**

12.a. Nature of interest held or income received.

**Various meals and golf events.**

12.b. Amount.

**\$208.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **Jerry L Kalmar**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Union Labor Life**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **429 Santa Monica Blvd, Ste 620**City **Santa Monica**State **California** ZIP Code + 4 **90401**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**Insurance carrier.**

11.b. Approximate dollar value of such dealing.

**\$244,349.00**

12.a. Nature of interest held or income received.

**Golf event.**

12.b. Amount.

**\$78.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>Jerry L Kalmar</b>	File Number U-
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8. Name and address of Business (including trade name, if any).

Name **Mellon Institutional Asset Mgmt**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Mellon Financial Ctr**

Street **One Boston Place, Ste 024-0241**

**24th Floor**

City **Boston**

State **Massachusetts** ZIP Code + 4 **02108**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Local 39 Pension**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1640 South Loop Road**

City **Alameda**

State **California** ZIP Code + 4 **94502**

11.a. Nature of such dealing.

**Investment Manager**

11.b. Approximate dollar value of such dealing.

**\$305,626.00**

12.a. Nature of interest held or income received.

**Various dinners and golf events.**

12.b. Amount.

**\$189.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Jerry L Kalmar**File Number **U-**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Mc Morgan & Company**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **One Bush Street, Suite 800**City **San Francisco**State **California** ZIP Code + 4 **94104**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Local 39 Pension**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **1640 South Loop Road**City **Alameda**State **California** ZIP Code + 4 **94502**

11.a. Nature of such dealing.

**Investment Management - Pension**

11.b. Approximate dollar value of such dealing.

**\$473,422.00**

12.a. Nature of interest held or income received.

**Various hospitality and entertainment.**

12.b. Amount.

**\$699.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Jerry L Kalmar**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Local 39 Pension Plan**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1640 South Loop Road**City **Alameda**State **California** ZIP Code + 4 **94502**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Local 39 Pension**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1640 South Loop Road**City **Alameda**State **California** ZIP Code + 4 **94502**

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Trust Fund Meeting  
Quail Lodge Room Charges**

12.b. Amount.

**\$470.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



Name of Person Filing <b>Jerry L Kalmar</b>	File Number U-
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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Lazard Asset Management**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **30 Rockefeller Plaza 57th Floor**

City **New York**

State **New York** ZIP Code + 4 **10112-6300**

14.a. Nature of payment.

A dinner in conjunction with the International Foundation of Employee Benefits conference.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

**\$146.00**